## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	Application of )	) Group Art Unit: 1656			
Poulo	se )	Examiner: Moore, William W.			
Serial	No.: 10/500,936				
Filed:	March 25, 2005				
For:	Multiply-Substituted Protease ) Variants )	-			
	REQUEST FOR EXTE	ENSION OF TIME			
Comm P.O. E	stop Amendment nissioner for Patents Box 1450 ndria, VA 22313-1450				
Sir:					
	The following extension of time is reque	ested to respond to the Office Action			
mailed	d November 20, 2006:				
	one month to;	he extension fee is \$120.00.			
	two months to; t	he extension fee is \$450.00.			
	three months to August 20, 2007				
	four months to; th	ne extension fee is \$1,590.00.			
	five months to; t	he extension fee is \$2,160.00.			
	The extended time for response does n	ot exceed the statutory period.			
[]	The shortened statutory period has bee	n reset by an Advisory Action dated			
	The Commissioner is hereby authorized	to charge any fees under 37 C.F.R.			
<b>§§1.16</b> 5/27/200	6 and 1.17 that may be required by this p	aper, and to credit any			

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 92507 2 Serial/Patent # 10500936							
3 Please refund the following fee(s):		4 PAPER 5 DATE NUMBER FILED			6 AMOUNT		
	Filing				\$		
,	Amendment				\$		
1	Extension of Time	-		82107	\$ 1020.00		
	Notice of Appeal/Appeal				\$		
	Petition				\$		
	Issue	-00			\$		
	Cert of Correction/Terminal Disc.			•	\$		
	Maintenance	* .			\$		
	Assignment				\$		
	0ther				\$		
		7 TOTAL AMOUNT OF REFUND			\$ 1020.00		
		8 TO BE REFUNDED BY:					
10 REASON:		/ Treasury Check					
	Overpayment	1	C	redit Depo	osit A/C #:		
	Duplicate Payment	, 07-1048					
1	No Fee Due (Explanation):						
EDT not necessary							
<u>o</u>							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Lana Walsh TITLE: Pets Examunar							
SIGNATURE: PHONE: 23206							
OFFICE:							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B